

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and 'Privacy
Statement On Reverse SidePage 1 of 1 Pages

CLAIMANT'S NAME Claudia Cappio		SSN or EMPLOYEE NUMBER*		DEPARTMENT CalHFA	
POSITION Executive Director		CB/ID No. 6X	DIVISION or BUREAU Executive Office		INDEX NUMBER 1000
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 500 Capitol Mall, Suite 1400		TELEPHONE NUMBER (916) 326-8088	
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY Sacramento	STATE CA	ZIP CODE 95814

(1) NORMAL WORK HOURS
8:00 to 17:00

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED
0.555

(4) MONTH/YEAR		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
June 11				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
(5) DATE	TIME										MILES	AMOUNT		
6/1		Oakland, CA									0.00	65.00	65.00	
6/28	600	Oakland, CA to Ontario, CA						A			0.00		0.00	
6/29	800	Los Angeles to Sacramento									0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
(13) SUBTOTALS			0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	65.00	65.00	
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

\$65.00

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

6/1 ~ Discount transportation program (Amtrak) reimbursement (\$159.00 paid)

6/28-29 ~ Riverside (Springboard), Los Angeles (HUD Open House) and Culver City office visit/staff meeting (No charges incurred on this trip other than airfare ~ overnight charges near LAX were personal)

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE